

THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

VOLUME II.

NEW YORK, NOVEMBER 11TH, 1885.

NUMBER 2.

THE CHIRONIAN.

VOL. II.

NOVEMBER 11TH, 1885.

No. 2.

EDITORS:

E. H. PORTER, M.D., *General Manager.*

G. T. HAWLEY, *Managing Editor.*

ASSOCIATE EDITORS:

O. G. HUNT,

L. A. MARTIN,

A. M. RITCH,

G. W. McDOWELL,

W. S. HALL,

E. E. KEELER.

W. T. HUDSON, *Business Manager.*

A. C. STEWART, '87, *Assistant Business Manager.*

TERMS:

Per annum, in advance, \$1.50. Single copies, 15 cents.

All communications should be addressed to THE CHIRONIAN, N. Y. Hom. Med. College, 23d Street and 3d Avenue, N. Y. City.

Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer.

The editors are not responsible for opinions of contributors. Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

A POEM by Prof. Helmuth will be found in this number, and the first of an interesting series of letters, by Prof. Deschere, will appear in our next issue.

WHILE some of our Alumni have manifested sufficient interest in the establishment of a Library to forward books and magazines, the great majority have remained indifferent. We hope that now a beginning has been made, that more will send either books or money to help the work along.

WE publish in this number an article by Prof. Moffat which deserves the attention of every student. The theory that the doctor advances to account for the curative action of drugs homœopathically given is not new, but is briefly and clearly stated. Since the time of Hahnemann, whose keen and subtle mind conceived this explanation of the cures wrought by homœopathy, nothing has been advanced at once

so simple and satisfactory as this. But it is not claimed that this explanation is perfect or incapable of improvement; or even that it may not at some future time be entirely superseded by a better one—should a better one be advanced. It is by no means put forward as an article of faith. It is tentative in character, as are all scientific theories. It has never been claimed that homœopathy was perfect and complete in all its parts any more than any other of the natural sciences. But we do claim that it is founded upon scientific principles and is, therefore, open to advancement.

THE mind of the average medical student regards with a peculiarly deep interest that simple article of household furniture commonly called a cushion. Doomed as he is, to sit hour after hour on benches which at the best are far from being "flowery beds of ease," it is perhaps, not surprising that he should look with sincere affection on anything which can alleviate his sufferings. Now a cushion was designed for just such cases. It seems to meet all the symptoms, and is used in doses to suit individual preference. Every size, shape and color imaginable is represented in the collection in use at present. It may be the chief end of a cushion to relieve in a measure the tortured ischii, but its usefulness does not end there, by any means. As a weapon of defence and offence, it probably has no equal, unless it be the broom stick. One of those disks of curled hair, encased in leather and well compressed by long use, is a projectile not to be scorned. And when it is aimed and fired by a senior who has for three years spent the intermission between lectures in practice, its execution is truly remarkable.

THE class of '86 at its first meeting this year, appointed a committee to ascertain what the general sentiment is in regard to having a class

supper. It certainly ought to be found favorable. All who were present at the supper last spring, must remember what a jolly time we had together. It was unanimously voted a success. There is no reason why we should not have a still pleasanter time this year. These social occasions bring out unexpected qualities in every man who has any individuality, and aside from being enjoyable, serve an important end in making us mutually better acquainted. To spend three years of study together, and graduate knowing one another only as so much *Materia Medica*, *Surgery* or *Practice* would be not only disgraceful, but we should miss all those points which give us an insight into the real character of a man. Nothing will so create and strengthen individual friendship, class feeling and college pride as these occasions, when we meet outside the lecture-room forgetting all distinctions of class rank, while each man contributes his share of entertainment for the rest.

As to the best time to have a banquet this season, the week before the Christmas holidays has been suggested, and certainly has many advantages. If it is postponed until the last of the year, the alumni supper will follow closely upon its heels.

PROF. ALLEN, this year as last, will devote a portion of one hour each week to a *Materia Medica* Clinic. This clinical instruction is highly prized by our students, and, coming as it does from our able Dean, its utility can not be overestimated.

This course covers many important points for the student. He is taught in the first place, how to question, how to draw out from the patient, points important, and how to repress unimportant details, (a matter of moment in a certain class of patients).

He is also instructed in a general way, what things to make prominent in basing a diagnosis and a prescription. Then each student by turn is requested to name the remedy covering the patient's symptoms. The drug is then discussed, and shown to be well indicated or not, and why. All other remedies advanced are taken up, and disposed of in the same manner ;

so it really becomes practice for each member of the class.

It is not so essential that the patient re-appear, for, the point of greatest interest to the student ends with the prescription.

Dr. Allen has also given more time to the principle of drug action, than heretofore in order that we may become more familiar with the truths lying at the base of our system of medicine. We only wish that more time could be devoted to the pursuit of these things.

THE size of the entering class has excited some comment, and it has been said that were the Freshman quadrupled in number it would greatly benefit the college and students. The idea that the rank and standing of a college depends in great degree upon the number of men enrolled as students is peculiarly an American one, and to the superficial reasoner this numerical method of rating institutions of learning seems sound. But there is an "undistributed middle," which unsettles the premises, and renders the conclusion false and misleading. It is no more true that "the greater number of students the better the college, than the smaller number of students the poorer the college." Among intelligent and educated men the standing of any given college is determined, not by calling the roll and considering the sum total of matriculants, but by weighing the work done by the faculty, the scholarship of its graduates and observing along what lines investigation is directed. It is true that to do the very best work, any college needs a certain number of students, but this limit is soon reached, and after that, as far as scholarship is concerned, additions to the number avail nothing. Now in our own college a larger entering class would simply mean diminished clinical advantages. By this we mean, not that we fail to offer all the advantages of colleges twice as large, numerically speaking, but that the opportunities for individual instruction, and close personal training under the eye of an experienced teacher, would be lessened as the class increased in size. Our college is gaining in numbers quite fast enough. We do not want unwieldy classes, but the day is evidently drawing near when the

numbers of a few years back will be doubled and trebled.

YEAR by year the department of Materia Medica in our school receives additional consideration and takes to itself new importance.

It is characteristically progressive. New remedies are being studied, older drugs are being analyzed and their sphere of action more clearly defined, and so as our Materia Medica towers upward, it at the same time broadens its base.

Of course, the knowledge of new substances, whose sphere of action can be clearly outlined, may prove invaluable; but would it not be better to devote our time more especially to purifying and sifting indications already obtained from drugs than to bring new medicinal substances, not carefully tested, to our hands?

Every symptom a drug can produce is valuable, but it requires more diligence and more careful scrutiny to eliminate indications not due to the drug taken, but present in the patient at the time of proving, than is often given. In this way, that is, by carefully re-proving our insufficiently tested drugs, we will come to have clean-cut, definite ideas in regard to drug action and accurate prescribing will become at once more easy and more general.

This attempt at classification is being made by Drs. Allen and Moffat, and has already awakened new enthusiasm in the class.

Drugs are to be arranged according to their *special* action on the different tissues of the body.

This evidently will be a great aid, for, so soon as a diagnosis is made, a group of remedies presents to the physician's mind, from which, probably, he may select the remedy indicated. Again, many of our drugs have not been sufficiently proven to demonstrate their precise and full action, and are prescribed upon symptoms and lesions they would cause were the drug exhibited further in the proving. Let these be carefully tested. Indeed, there is many a *terra incognita* even in drugs we so often use, which, if well explored and faithfully brought out, might rob undiscovered medical substances of the importance we now give them. We are constantly

looking for something new, while possibly the new lies undiscovered in drugs familiar to all. Moreover, by a system of thorough and exhaustive provings we may arrive at specifics, the goal of all drug investigation.

THERE is a tendency among doctors to become bald-headed, which nobody can deny. It seems to be a morbid tendency—a matter of sheer “cussedness” on the part of the hair—which the profession resents in vain. It is not due to marriage. It is notorious that doctors in single blessedness rapidly become either bald-headed or gray. These and kindred facts well known lead us to put on record what we know about hair. In the language of the notorious school-boy we exclaim: The hair is very useful. We would not know what to do without hair. Babies cry for it, and the wild and untutored savage yearns after it to such an extent that he has been known to arbitrarily and unceremoniously remove it from the head of his adversary, thereby rendering him somewhat prematurely bald. According to Darwin, hair was more fashionable in remote ages than now. Long hair came in with Samson. It did n't go out with Samson, although it was the occasion of Samson's going out. Notwithstanding his hair was long, he was a man of brains and resources, for he slew his thousands with the jaw-bone of an ass. Since then other long-haired geniuses have attempted the same feat with this slight difference, that each invariably employed his own jaw-bone. This is, however, irrelevant. Let us again consider the condition of the bald-headed man. It has recently been discovered that emotional excitement reddens the hair, while quietude and sleep tones down the primary color to a natural tint. In consequence of this important and startling discovery the ordinary methods of manifesting approval at theatres and other public entertainments will be done away with, and in place of a weary clapping of hands or a riotous stamping of feet there will be substituted a noiseless change of the color of the hair of the audience according as it is pleased or the reverse. When the heads of the audience become of a golden hue, the speaker will feel that his efforts are highly appreciated,

but, when a neutral tint appears, he will be overwhelmed with shame. Now contemplate an audience of bald-headed men. How are they to show their approval or displeasure. However, if bald men are short of hair, they have abundance of forehead. Chronic baldness is generally incurable. Preparations for bringing out the hair are generally successful only in bringing out what hair there was left when the patient resorted to them. Never say 'go up there bald head' to a bald-headed man, unless you know your man. The effect is uncertain, and sometimes not pleasing. Although women prefer long hair, many men don't wear it long—on the top of the head. Many don't wear it longer than twenty-five years. This article on hair is patented, and is not intended to be bawled over.

A Patent Leg.

A BENEVOLENT lady "down East," whose sympathies were aroused by the wooden leg of a fisherman stumping around the rocks on the coast of Maine, wrote to a surgeon of New York—a particular friend of hers—regarding the propriety of purchasing an artificial leg for the piscatorial gentleman. The surgeon in reply stated that the necessary machinery of a well working "cork" leg would be rather damaged by salt water and sea air, and therefore, perhaps, a wooden leg of the old-fashioned sort would be preferable. The entire story, the correspondence and the results are well told in the following lines:

"CAVEAT EMPTOR."

"NE SUTOR ULTRA CREPIDAM."

THE SURGEON.

DOWN Gotham way there lived a man,
And he was wondrous wise;
One of his veins of knowledge ran
Toward legs of every size.

THE LADY.

His friend, a charitable dame,
An aged pensioner had;
Bethuel Grimes it was his name,
His left leg it was bad.
He had but one to stump the State,
His work he must abandon;
This was his most unpleasant fate,
He'd not a peg to stand on.

A shark which down upon him bore
Did leg from body sever.
("One foot on sea and one on shore
To one thing constant never!")
The lady wrote: "I want to buy
A leg for Bethuel Grimes.
So, far and near must I apply,
In these penurious times.
Now, if you'll give your knowledge free
And gratis unto him,
I'll sing your praise extensively
When he's all taut and trim.

THE SURGEON.

This doctor wise of Gotham, he
Then said he'd look around,
But could n't see why Bethuel G.
(His left leg being sound)
Could not just worry on, and fish
In fine or foggy weather.
The dame replied: "'T is Grimes's wish
To use two legs together."
The surgeon then (a modern seer)
Said: "It's a Yankee trick;
Your semi-lunar's out, I fear*
You're semi-lunatic.
You fancy that all legs are weak;
I think it's just a hobby.
Besides, you tell me I must seek
Something that's much too nobby.
A leg that's with machinery
Composed, and set in motion,
Adds beauty to the scenery,
Unusual at the ocean.
If damp the day, a sudden kick
The knee would backward bend.
Oh, get, I pray, a common stick,
'T were wiser in the end!"

THE CONTROVERSY.

But she, with him prepared to cope,
Declared, with tears hysteric,
"A cork leg is my only hope."
(The term it is generic.)
"If Grimes on his fantastic toe
Should wear a cork-soled shoe,
His light and happy soul will show
Sole gratitude to you."
The Doctor stern refused—but more
The lady kind insisted.
The Doctor raved, and roared and swore—
The lady still persisted.
So out he went in hopes to hit—
The shops in looking over—
Upon a stylish, cheap misfit,
To suit this wild sea rover.
He searched at eve, he searched at dawn,

* This lady has suffered from severe disease of the knee.

At shops both near and distant ;
 At last—he found a leg in pawn,
 He bought it on the instant.
 He packed—and worried between whiles,
 His health and strength imperilled—
 'T was rolled, and wrapped in many files
 Of Gotham's daily *Herald*.
 At last 't was shipped down to the coast
 Where roars the mighty sea.
 Then, with a soul as tempest tost,
 The Doctor, down sat he.
 He waited patiently and long ;
 At last the letter came,
 He singled it out from the throng
 That bore his well-known name.

THE LETTER.

"You said 'a misfit is the sort
 That 's proper,' in your letter.
 The leg is long, the man is short,
 'T would fit a giant better.
 The only leg that now is *left*
 To Bethuel is the *right*,
 Of his *left* leg he was bereft—
 He 's in a hopeless plight.
 That two *right* legs are useless quite
 As none at all 't is clear.
 And Bethuel he is showing fight ;
 He 's sadly '*left*,' I fear.
 If he this *right* cork-leg should put
 Upon his wrong *left* side,
 Off to the hills would start one foot,
 One toward the water glide.
 'T is plain one foot must backward walk
 If him we 'd fit with this.
 Your misfit is, for all the talk,
 No fit ; but, hit or miss,
 Two rights a left will make—no more
 Than two wrongs make a right ;
 The waste of timber I deplore,
 But G. 's a sorry sight !
 He now returns the box to you,
 The leg and foot to boot.
 When kneedy soles next sue, Oh do
 Go to the very foot.
 Of the whole matter, sir, I beg,
 Preserve this maxim trite,
 Like your suppositious leg :
 Be sure that you are *right*."

October 9, 1885.

The Homœopathic Theory.

Editor of THE CHIRONIAN:

DEAR SIR:—In my *Materia Medica* Quizz
 Class, recently, the rationale of the Homœo-
 pathic cure was discussed ; the why and how a

correct prescription under the law of *Similia* would prove efficacious, and an incorrect one, useless ; also the importance of every student and practitioner having a clear, well defined reason for the faith he professes. We frequently meet with inquiries from old school physicians, and also from intelligent patients, as to what homœopathy really is, how it differs from other schools, and how such small doses can prove curative.

A concise, logical explanation of our law, will make a strong point for scientific homeopathy, therefore, at the close of our discussion, I was requested to send the line of argument then followed to THE CHIRONIAN. I now comply, but with hesitation, because the substance of what I have to present must be already familiar to every student of the *Organon*. The following is submitted, not as an established fact, but as the most rational explanation we have yet seen, but it must at once give place to a better, if such should be offered, though it may be long before a keener mind appears, than that of its originator, our revered Hahnemann. As premises, we claim three self-evident propositions.

I. Every drug *is* a drug by virtue of its power to excite in the organism a specific artificial disease—the so-called "drug effects."

II. The "drug disease" is greater in intensity, but more brief in duration than the natural disease.

For instance, opium poisoning threatens to overwhelm life, but if the patient be kept alive till the poison is eliminated, all symptoms quickly subside.

III. There is constantly active in the system a vital force (the *vis medicatrix naturæ*), which is striving to throw off disease, and re-establish a condition of health, that is to restore the normal balance of function. For example, a person readily and spontaneously recovers from a cold or a slight injury. We say "nature cures him," or "he gets well himself." Now with these three points granted, the rest follows naturally.

Our patient is suffering with a given disease. We find and administer the drug which, in a healthy person produces the most similar, and if possible, identical symptoms. What follows ? The drug excites its "drug disease," but the symptoms be-

ing so nearly, or quite identical with those already existing, the drug disease and the natural disease coalesce as it were, and we simply see an aggravation of our original trouble.

But remember this "vital force" is constantly striving to restore the lost balance of function, and simultaneously with the aggravation, it is roused to greater resistance.

The drug disease being transient, the aggravation quickly subsides, leaving the vital force stimulated, and with a now relatively weakened disease to subdue. The stimulation lasts longer than the aggravation, so in this condition it is able, to a certain extent, to bring about a more normal condition; but as the work flags, another dose acts as a fresh stimulus, and we thus, little by little, aid nature to make the cure in the best and easiest of methods, leaving no baneful drug effects to combat long after the original cure.

Now suppose a faulty prescription be made, a drug administered which does not cover the case as a similitum. In this event, as before, the drug excites the "drug disease," but, being dissimilar, it fails to coalesce with the natural disease as in the former case, and though the "vital force" is roused to resist it, the resistance is in a different line, so that, when subdued, the original trouble is left untouched by the disturbance.

The dose administered should be such as to simply rouse the vitality without making a perceptible aggravation of symptoms.

This is readily accomplished, for the resisting force is continually active, and responds instantly and powerfully to the proper stimulus.

It is urged by some that if this be true, and a patient were lying at the point of death, an accurate homœopathic prescription would kill him, for the aggravation would bring the end before the vitality could be roused to save him. This is fallacious, for the vital stimulation does not *follow* the aggravation, but is simultaneous, thus rousing the system to withstand even this increased illness and to rally more rapidly upon its subsidence.

E. V. MOFFAT, M.D.

Surgery.

An Anomalous Case of Intra-Capsular Fracture of the Femur.

BY GEORGE CLINTON JEFFREY, M.D.

ON the evening of January 20, 1884, I was called in haste to visit Mrs. D—, of this city, who, according to the messenger, had just fallen on the ice upon the sidewalk in front of her door. Upon arriving at the house I found my patient, a lady in her eighty-sixth year, upon a sofa, where she had been placed by her friends immediately after the accident. Naturally, I surmised the trouble, and simply from the well-known fact which experience among all surgeons has established, that a fall with inability to rise in one of extreme age announces with scarcely an exception a fracture of the neck of the femur within its capsule. My suspicions, after a thorough examination into all the conditions of the case, proved correct. I found a shortening of possibly one inch, with an eversion of the toes. Without the necessity of another symptom, the diagnosis was proved, although my patient suffered extreme pain at every effort to manipulate the joint or discover crepitation of the fractured edges, which I was unable to accomplish. After having her placed upon a bed, which was raised at the foot two inches, I applied a weight of seven pounds, which was attached to a rope running freely through a pulley at the foot of the bed. An extension splint from the axilla to the foot was also applied, and maintained in place by bandages around the body and leg in four or five separate places. I maintained the treatment which I have just recited for a period of two weeks, except that I gradually increased the weight at the foot until ten pounds had been attained. I now concluded to remove the extension splint, owing to its being so very cumbersome and unyielding, thereby distressing my patient, and I replaced it with bags of sand, which were stationed from the axilla to the foot on the outer side, and from between the legs to

the foot on the inner side of the fractured leg. During the period up to this point the fever that was excited and maintained was sufficient to cause me some anxiety lest it should undermine my already enfeebled patient. By appropriate remedies, however, I was by the end of three weeks able to pronounce the temperature as normal. Recalling the advice of Sir Astley Cooper in cases of this nature, I at this time considered the advisability of permitting my patient to sit up as much as she was able to do, assuming that the leg would be of no further service, and that she would be in a more comfortable condition, provided the limb could be placed so that she would be comparatively free from pain. The proposition to adopt such an apparently radical means in the treatment of a fracture met with a prompt protest from the family, who had received an abundance of gratuitous advice from the neighbors upon the proper treatment of such cases (as *sometimes* occurs in other maladies), and I was left in the uncertain position of following the advice of those for whose opinion I had no respect, or determine upon some surgeon of sufficient prominence to endorse my methods and approve of my course. The family assented to my calling to my assistance Dr. Arpad G. Gerster, of New York, many of whose operations at the German Hospital I had previously been fortunate enough to witness. Dr. Gerster, after a most thorough examination of the case, confirmed my diagnosis of intra-capsular fracture, and advised that the patient be allowed to sit up as much as she was able to do. Two months after the injury Mrs. D. was able, with assistance from members of her family, to sit up a few hours at a time every day, and a few weeks later found her dressed every morning to remain in her chair for nearly the whole day. Much comfort was provided her by the use of a steamer chair which permitted a number of changes in her position as she desired them. I now suggested the use of a pair of crutches, believing that she would soon be in a condition to pass from one room to another; but this was the slowest course in the case, and, owing to her naturally enfeebled condition, it was fully a year after the injury before she felt

sufficient confidence in herself or sufficient strength to use her crutches with ease and convenience. The recital of the case to this point compares with many another one in the history of other surgeons, and so much I grant. But when I say that Mrs. D., who was eighty-seven years of age last month, has so much recovered that she has a very slight amount of shortening, is able to go up and down stairs without assistance, and two Sundays since walked two blocks to church without her crutches, I think that I shall be permitted to retain the distinction of having had a very anomalous case of intra-capsular fracture of the femur.

Clinic at Hahnemann Hospital.

TUESDAY, October 20th, at 2 P. M., twelve members of the senior class, constituting the section invited by Prof. Helmuth to witness the operations of the day, assembled in the operating-room of the Hahnemann Hospital.

The first patient was a lad of twelve years suffering from necrosis of the first phalanx of the ring finger of the right hand. It had been determined to amputate at the middle of the shaft of bone, saving as much as possible. Patient being anaesthetized, anterior and posterior flaps were made, the bone severed with forceps, the arteries ligated and the wound closed by two deep stitches and three superficial ones. This consumed very little time, though Prof. Helmuth proceeded slowly, explaining as he operated.

The next patient shown was Mr. C., on whom Prof. Helmuth had recently operated for strangulated epiphlocele, making an incision from the external ring to the bottom of the scrotum and removing the omentum which constituted the hernia. An accumulation of fluid at the bottom of the scrotum had obscured the diagnosis somewhat, and the omentum was only removed after considerable dissection, many adhesions having formed. The hernia had existed for years, and had several times caused trouble by becoming strangulated. The wound looked healthy and the patient felt bright and was doing nicely.

In the meantime Prof. Doughty had appeared, and while waiting for the next patient to become

anæsthetized he gave us a most lucid description of the anatomy of oblique and direct inguinal hernia.

The second operation which we were to see, was one for the radical cure of hernia. The patient was a middle-aged man, and the protrusion perfectly reducible. The Heatonian method, by injections of an ethereal solution of *Quercus alba*, had been repeatedly tried, as many as twenty minimums being injected at once, but no noticeable improvement caused. This may have been partly due to the fact that the patient would not follow instructions in regard to after-treatment. When fully under influence of ether an incision was made through integument and fascia extending from the external ring down the side of the scrotum. The underlying tissues were then divided on a director down to the cord. The bleeding points were caught and tied as the operation proceeded. Now, by means of a glover's suture, the pillars of the ring were brought together and as much other tissue, peritoneum and fascia as could be made available was included to fill up the ring. The expectation was, of course, that sufficient inflammation would ensue to produce adhesions and consequent obliteration of the opening. The wound was now closed by one pin deeply placed and several silk sutures. Prof. Helmuth was assisted by Prof. Dougherty and Dr. Fulton.

Before leaving the hospital we had an opportunity of seeing another very interesting case. The man was suffering from ischio-rectal abscesses, hæmorrhoids and fissures in one. To still further complicate matters, he had the hæmorrhagic diathesis, and bled profusely from any slight cause. The external hæmorrhoids having been ligated, were sloughing off. Altogether, the case was a very rare one.

The class returned to college feeling well repaid for making the visit, and very grateful to Prof. Helmuth for affording the opportunity.

THE opinion now held by Cloverdale physicians that "raw cow's milk is better for children than boiled" is very gratifying, as a raw cow gives much more milk than a boiled one.—*Cloverdale Reville.*

Case of Varix.

BY S. H. KNIGHT.

JULY 15; Joseph Horner; age 15 came into the dispensary surgical clinic. The patient was a good specimen of a healthy country boy. On his right thigh just above the knee joint, and to the inner side of the extensor tendon, was a slight swelling. Upon palpation, the tumor was found to fluctuate, was soft and compressible; and could be made to disappear, apparently in the direction of the knee joint.

The boy gave the following history. Some three or four years before he had been struck by a sleigh, and soon after the accident a swelling appeared in the place above described. Again a year or two afterward he was hit in the same place, this time by a base ball. The tumor now became larger and after prolonged exercise gave him pain. It was smaller when lying down at night, and at times would disappear almost altogether, but would return upon vigorous motion of the joint, and by continuing the motion, could be made to assume the size of an adult fist—its ordinary size being that of a hen's egg. From its traumatic origin, its peculiar method of disappearing and reappearing, and its fluctuation, it was thought that the tumor might be an adventitious synovial sac connected with the knee joint. A rubber bandage was applied for a short distance above and below the swelling, and the patient was instructed to wear it at all times, except during the night. He was also directed to return soon. On his return he said he could run and play as well as any boy as long as he wore his bandage, but that as soon as he took it off the swelling returned and troubled him as before. He was directed to keep the bandage on always during the day, and keep as quiet as possible. The boy kept coming to the dispensary once in every few days up to the commencement of college. At that time the tumor was somewhat smaller, but not very much so. At the second clinic he was brought before the class, and it was thought possible that it might be a fatty tumor, which now and then disappeared under the tendon. To settle the matter,

an exploratory incision was determined upon. The skin and fascia were cut through under antiseptic precautions by Dr. Cornell and a large varix made its appearance. Any radical operation being considered out of place, the wound was closed, pressure instituted by means of a pad and bandage and the boy has since done well.

Theory and Practice.

Tubercular Phthisis from the Beginning.

BY J. W. DOWLING, JR.

IN the course of his lectures last winter Prof. Dowling, while speaking on the subject of tubercular phthisis and the differential diagnosis of that condition from the fibroid form, referred to a case in his private practice, which was under his care at the time, and in which he had given the opinion that the patient was in the incipient stage of tuberculosis, basing his diagnosis upon the history of the case, with the physical examination as recorded below. The question of the correctness of the opinion has been settled by the result.

History of the Case.—In January, 1885, the patient presented himself for examination and to obtain an opinion of his condition. The following family and personal history was obtained: His father, mother and brother are all healthy. All the living relatives of his mother are healthy. His mother's grandmother and aunt died of consumption. His father has one delicate brother. The patient himself as a child was always delicate. Was not strong and active like other boys. Had not had epistaxis in childhood. Had malaria for two summers. At one time had an attack of "congestion of the lungs." Six years ago had an attack of rheumatic fever, but recovered nicely with no shortness of breath as a result. Has had during his life no very serious illnesses. For the past two or three years has been feeling rather unwell and debilitated. Feels draggy and tired. In October last he lost his appetite and

began to lose flesh noticeably. Then followed a month of increasing debility, but with no acute sickness and no cough. About the first of November he was taken with a cough, which has lasted ever since, and which now troubles him greatly. With this cough he has in the morning expectoration of yellow-colored mucus, which at the beginning was of the same character, but of late has increased in quantity. At times he has had pain below the right scapula, aggravated by the cough, and somewhat so by deep inspiration. He has had no spitting of blood, but night sweats since the beginning of January. At present his appetite is not good. His bowels for the past six weeks have been loose, with one watery evacuation a day. He is always thirsty about noon, sometimes for the rest of the day. As a rule has some fever about three p. m. and in the evening.

This patient had been told by his former physician that he was suffering from malarial fever, and had been treated accordingly.

Physical Examination.—Height, 5 feet 7 inches; vital capacity, 180 cubic inches; dynamometer, right hand, 80; left hand, 68; temperature at ten A. M., 101°.

On inspection the patient was found to be moderately well nourished. There was found to exist a slight depression in the supra and infra-clavicular regions of the right side. The respiratory movements were more marked on the left side than on the right, and in the right supra and infra-clavicular regions there was absence of respiratory movement, both anteriorly and posteriorly. On measurement, however, there was found to be a perfect uniformity of the two sides of the chest. On palpation the vocal fremitus was found to be more marked on the right side.

Percussion revealed a dullness over the entire upper lobe of the right lung, more marked at the apex. The areas of cardiac, liver and spleen dullness were normal.

Upon auscultation fine crepitant and sub-crepitant rales were heard, diffused over the upper portion of the right lung, anteriorly and posteriorly. There were also found friction murmurs in the scapular region of the right side. Elsewhere the breathing sounds were normal in character.

After detailing the above to the class, the professor announced a diagnosis of tubercular phthisis, basing his opinion as to its tubercular nature upon the following points: The fact that the local lung trouble was preceded for so long a time by the general constitutional symptoms of weakness and debility. From the fact that the diarrhoea began at so early a stage. From the daily febrile rise of temperature, and from the fact of so small a local lesion having given rise to the fever and night sweats at so early a time in the history of the disease. It may here be noted that in January the patient had a perineal abscess, which broke externally and left a blind fistula, this being an additional fact for the diagnosis, as it is a condition quite common in tuberculosis. This fistula continued to discharge throughout the entire course of the disease. After hearing this case, Dr. Timm, then a member of the class, and an expert in microscopy, requested that he be permitted to examine microscopically a specimen of the patient's sputum. This was done, and the diagnosis was confirmed by the discovery of the tubercle bacillus in the specimen.

From this time on the history of the case was more or less progressive. He was placed upon Aconite, Phosphorus, Calcarea phos. at different times, and also upon an infusion of mullein leaves, of which he took large quantities. In April another thorough examination showed that the lung trouble seemed not only to be at a standstill, but the condition of the patient seemed actually to improve, though at no time did a day pass without fever, and the night sweats continued, though not quite so excessive as before.

About this time came the inevitable clamor from the patient's friends that he be sent away to a climate more mild and less changeable. At first Bermuda was selected, but as Prof. Dowling's experience in sending patients there had been far from favorable, it was finally decided that the patient go to Colorado City, where he remained till September. While there his disease progressed, as was anticipated, and on his return, as I had formerly frequently seen the patient, I could appreciate how greatly he had changed for the worse, and how surely in a short time he would

be unable longer to combat with this fatal disease. He was emaciated almost to a skeleton. Physical examination demonstrated an actual destruction of the upper and middle lobes of the right lung, and the upper lobe of the left, and in the latter locality there were evidences of the existence of large cavities. The lower lobes were doing moderately good work. The regular rise of temperature in the afternoon reached sometimes to 102° or 103° . The night sweats were profuse and exhausting, and there was offensive diarrhoea, the fistula, above mentioned, still discharging. The patient's appetite was poor, but it could be tempted by delicacies, and, as is so often the case, he was encouraged to believe that he would still improve and eventually recover.

In a short time, evidences of a laryngeal ulceration set in, and, in addition, there was an aphthous condition of the mouth. This latter was controlled to a marked extent by kali bich., externally, and a local application of a solution of borax.

The patient gradually grew weaker and weaker, and soon after I saw him last, when he was in a semi-conscious state, with just power to move his limbs, he died from exhaustion.

As a commentary upon this case it may not be out of place to quote the following paragraph from Memeyer's "Practice of Medicine":

"The development and progress of tuberculous consumption differs essentially in type from anything hitherto described, and its symptoms are so characteristic that the diagnosis of this form of consumption (which is not common) is, as a rule, easy. In the first place, it has no precursory catarrh. The fever and wasting are not deferred until the sputa become profuse and purulent, the tubercular eruption being accompanied by a marked elevation of temperature and rapid emaciation of the body from excessive calorification. If we are informed that a patient did not begin to cough and expectorate until several weeks after he had begun to decline in strength and to grow pale and thin, there is always reason to fear that he has tuberculous consumption. Our suspicion will receive confirmation if the patient be unwontedly short of breath, and if at first physical examination of the

chest give negative results. At a late period the percussion sounds may grow dull from consecutive pneumonia, the respiratory murmurs becoming bronchial and the rales ringing; but the solidification is rarely as extensive as in the forms of consumption previously described.

"The sound of the voice and of the cough soon grows hoarse, and if there be much tuberculous disease of the larynx, and if it spread rapidly, the well-known distressing symptoms of laryngeal consumption make their appearance. Nor is it long before the signs of intestinal tuberculosis and intestinal consumption set in. Exhaustion is accelerated by profuse diarrhoea. The abdomen becomes sensitive to pressure. The malady seldom lasts over a few months, and most cases succumb even sooner."

In the case described above, the disease lasted about nine months, and corresponds very closely to the description quoted.

Anæmia.

THE causes of anæmia are so numerous it might be called a condition, rather than a disease.

It is difficult, at times, to distinguish between persistent anæmia and a weakened condition of the blood. My attempt here is not to show the causes themselves, but rather a method of helping us to find them. There are times when the system may be so affected as to make it difficult to decide whether anæmia is a cause or an effect, or to point out in the long chain of disturbances the precise link whence the trouble emanates. The cure sometimes follows such a variety of experiments that it is difficult to say which particular drug or what combination of remedies produced the desired result. A long-continued treatment with strong drugs has undoubtedly a bad effect, and I have seen a train of discouraging symptoms which could only be attributed to heavy dosing.

A very beautiful explanation was given in a recent lecture, of the fact that a person poisoned with iron and another who has a deficiency of iron in the system, both present the same appearance. In that lecture we were told, in substance,

that the amount of iron which the system requires is very small; that it commonly finds enough in the ordinary amount of food and water it receives, but if it loses a certain vitality the quantity it is able to appropriate is insufficient. If iron be given to an anæmic person in large doses, most of it is rejected, still the system takes up, for the time being, more than it needs, and if an excessive supply be continued, the system becomes overtaxed, so to speak, and consequently loses the ability to retain what is necessary, and the anæmic symptoms are stronger than before the iron was given.

The disastrous effect of a long-continued administration of iron has been so well understood by many practitioners of the Old School as to cause them, in prescribing its use, to limit the time to eight days. What is stated of iron may also be said of salt. Let us remember these facts in giving appreciable doses of iron.

The first centesimal trituration will enable the system to absorb much iron in a short time; it is well, therefore, to be content with using the third, and even this should not be continued too long. This treatment, it is very evident, is simply palliative. The fact that the system is unable to retain the iron must not be ignored. Experience teaches that iron given in even more minute doses will not always cure anæmia, for the reason that it is not homœopathic. Assuming that all the visible causes are removed, there may still remain others not apparent, and which must be treated homœopathically ere the disease can be cured. If our treatment consists in removing prominent symptoms, others more obscure may subsequently appear and give us a clue to the origin of the difficulty.

One agency helps us materially in bringing to light the true cause, by toning the system into a state of reaction, and allowing us to procure greater benefits from palliatives. This is electricity. The faradic current should be employed, and with as much caution as in administering iron. Apply the positive pole to the limbs and trunk, feeding, as it were, each cutaneous nerve, and always pointing towards the negative pole, which should be placed just above the tuber ischii and shoulder blades.

The current should run towards the origin of the nerves, and in so mild a manner as scarcely to be appreciated by the patient. This treatment should not be continued more than three weeks out of four, and at the end of two months the improvement should be such as to warrant its discontinuance. Many cases of anæmia can thus be cured by carefully eradicating all aggravating causes. It is highly important that plenty of fresh air should supplement all treatment of this disease.

Pædiology.

Trismus Nascentium.

CONCLUDED.

FROM all the evidence it seems most probable that no one cause can be given for all cases of trismus, occurring as they do under such varying conditions. But since occipital displacement is so general a cause, examination of the head should always be made in order to detect and correct such mal-position, should any exist. Attention to this at the onset of the disease will not interfere with other measures, and, if successful at all, the success will be soon apparent.

Trismus may appear as early as the second day after birth or as late as the twelfth day. From its frequency about the ninth day it has been called "nine day fits." It is generally of short duration in fatal cases, two to four days being the average. In favorable cases it may run from two days to five weeks. "Sometimes the attack is preceded by premonitory symptoms, such as starting in the sleep, twisting of the limbs when awake, loud and persistent whining and crying, pursing out of the lips, lurid circles about the eyes, involuntary smiling, such as frequently occurs during sleep in attacks of colic, sudden changes of color and the hydrocephalic shriek." (Hart.) In other cases it occurs suddenly and without warning. The symptoms of the case related by Dr. Sims are typical of this disease. In some cases respiration is impeded by rigidity of the thorax, death occurring from suffocation.

Post-mortem examination reveals conditions varying like the supposed causes of the disease.

There is found serous transudation into the vertebral canal, overdistension of the blood vessels and an extravasation of blood into the brain and spinal cord. The umbilical cord presents various phases. Frequently there is nothing to be seen here and at other times only such changes as are found in perfectly healthy children. Sometimes there is an inflammation of the umbilical arteries and the peritoneum in the vicinity.

The reports of homœopathic treatment of this disease are very meagre. Of two cases mentioned by Hart as being treated homœopathically one recovered. Bell. and Ars. were alternated every hour till the convulsions and soporous condition disappeared on the second day after the attack. Bell. was then omitted and Ars. continued at longer intervals for several weeks. Hoynes gives Bell. when case presents dilated pupils, strabismus, staring eyes, spasmodic sighing respiration, involuntary discharge of urine, restlessness, with light sleep and frequent waking.

Most success he says has been obtained with *Veratrum vir. opisthotonos* being the characteristic indication.

If the trouble be caused by pressure on the brain, as Dr. Sims thinks, this must be first relieved and the subsequent course of the disease treated according to the symptoms.

By those who consider the cord to be the seat of the disease, a turpentine dressing is advised as a prophylactic. At first a few drops of pure turpentine are applied. Subsequently it is diluted one-half with olive oil, lard or butter. As a preventive this treatment is said to be very successful.

In the old school most success has followed the use of chloral in one to two grain doses.

While pressure on the brain may be one of the causes of trismus, and even the most frequent one, it can hardly be the only one in the face of the facts concerning the origin of this disease already given. Climatic influences must be a potent factor, otherwise how can we explain the increased susceptibility of Southern whites over

those of the North. And while the ignorance of the Negro in placing a child on its back may account for its prevalence among that race, we certainly do not believe that Northerners who remove to the South are any less careful of their children there than they were in the North; and yet, among this class, the mortality is greater in the South than in the North.

False Croup.

WE clip from *Babyhood* the following course of domestic treatment, to be followed in cases of false croup when a physician is not at hand. The article is from the pen of Dr. Ripley, Professor of the Diseases of Children at the New York Polyclinic, and probably presents the most advanced methods of treatment of the old school. It is interesting to note the advantages of Homœopathic treatment over that proposed below, in point of convenience, safety and curative power.

After mentioning some of the avoidable causes of croup, such as insufficient clothing, damp feet, etc., he goes on to say:—"But suppose, after all, that your boy wakes up some night with that distressing barking cough, what is to be done? First, put him into a bath of warm water, of the temperature of 100° to 106° F., and keep him in it for about ten minutes, unless he should complain or show signs of faintness. Do not, as I have known some mothers do, put a few quarts of tepid water into a big tub, not enough to cover the lower extremities of the child, and then proceed to wash it. That will not do any good. *But have sufficient warm water, so that the child's body shall be entirely immersed, the head being frequently sponged meanwhile with the warm water.* In the meantime, if you have no emetic in the house, send to the drug store for an ounce of syrup of ipecacuanha (syrup of ipecac), or, what is perhaps better, an ounce of the ipecac syrup, mixed with half an ounce of hive syrup. As soon as the child is out of the bath, unless he is very much better, give him a teaspoonful of whichever of these preparations you have procured, and, if vomiting does not follow in fifteen

minutes, repeat the dose unless the attack is relieved. Not more than three successive doses should be given without the authority of a physician. Often, although the child may not vomit the effect of the medicine on the croup will be to give relief. In such instances it produces paleness, and a cold perspiration, with dulness of the eyes, which need not excite alarm. But as a rule, vomiting will follow one or other of the doses. If not, it is dangerous to continue administering the medicine. I suggest these remedies in preference to others for domestic use because they are quite trustworthy, and, if used with ordinary care, harmless. Powdered mustard, in teaspoonful doses, mixed with a third of a glass of warm water, or the same quantity of powdered alum, with a little honey or syrup, may be used in an emergency. Some physicians leave "croup powders," ready prepared with their patients to be given in these cases.

Generally after the bath, and almost always after the emetic has taken effect, the croup symptoms decidedly abate, although the patient still coughs "croupy," and perhaps, continues to breathe somewhat noisily; but the worst of the attack is over. If now a large, hot flaxseed meal poultice be closely fastened around the child's neck and renewed hourly, the remaining symptoms will slowly disappear.

The inhaling of warm steam from a vessel containing boiling water or of steam produced by slowly plunging a heated flatiron, brick or large stone into a pail of cold water, also aid in relieving the difficult breathing in croup, and may be used at any time during the course of the disease.

Courtesy.

COURTESY is a powerful aid to him who gives and him who receives. Treat even a base man with respect, and he will make at least one desperate effort to be respectable. Courtesy is an appeal to the nobler and better nature of others to which that nature responds. It is due to ourselves. It is the crowning grace of culture, the stamp of perfection upon character, the badge of the perfect gentleman, the fragrance of the flower of womanhood when full blown.

Gynaecology.

Dysmenorrhœa.

DYSMENORRHŒA is one of the most obstinate diseases with which the Gynæcologist has to deal, not so much from the severity or obscurity of the case itself, as the diagnosis is rarely difficult, but from the opposition which must be overcome in the patient.

Being indisposed only at each menstrual period, she fails to see the importance of careful treatment during the intervals. In many cases an examination is necessary, and in the unmarried, or in those who have never borne children, an examination is often difficult, if permitted at all, owing to the narrowness of the canal and sensitiveness of the surrounding parts. In order to treat this disease intelligently we must endeavor to ascertain its causes, and find out how these conditions cause pain.

What is dysmenorrhœa?

Dysmenorrhœa is a term used to signify painful menstruation.

Pain may occur just before, during or after the flow, but is not all pain occurring at or about the menstrual period. Ovarian neuralgia is a notable instance; here we have severe pain in the ovaries, one or both.

The true dysmenorrhœal pain is in the uterus, coming on in paroxysms as a general rule, simulating the pain of threatened abortion.

While the ovarian neuralgia is continuous and darting, the throbbing, tense pain is indicative of ovaritis, and is located in the Iliac regions.

Besides the severe pain in the uterus, we may have in addition pain in the ovaries, great tenderness over the hypogastric region; sometimes this tenderness extends over the entire abdomen. This is the case where there is present perimetritis.

Obstructive dysmenorrhœa is a variety of painful menstruation which depends upon a partial or complete closure or obstruction of the uterine canal; under these circumstances the flow can only escape, if at all, with great suffering and irregularity.

Etiology.—Dysmenorrhœa may arise from congenital malformation, and the periods from the first be characterized by unusual delay and suffering. More frequently, however, it is acquired at a later stage of menstrual life, and may result from flexion, version or prolapsus.

In certain cases the cervico-uterine orifice and canal are mechanically obstructed by a foreign body, as polypus, fibroid or coagulum, and the most violent efforts fail to expel the flow, which is wholly or partially retained within the womb.

Under these circumstances retention is often described as suppression and *vice versa*.

A frequent cause is a form of endo-cervicitis in which the epithelial lining of the canal is exfoliated and lost, and adhesions are formed between the opposite sides of the canal. These adhesions, whether traumatic, post-partum or the result of cauterization, cause a partial or complete atresia which prevents the escape of the menses.

Symptoms.—The symptoms of this disorder are by no means limited to the site of the obstruction. Within the pelvis and in the back and limbs, they are similar to those which accompany ordinary menstruation, but are much exaggerated. When the patient has never been pregnant, the excretion soon fills the cavity of the uterus, causing distention, throbbing, inflammation, tenderness and uterine tenesmus.

In those who have borne children, the womb, if not more capacious, is more tolerant of the retained fluid. In both cases the presence and pressure of the blood excites contraction of the uterus; the case then partakes of the nature of labor. Reflex symptoms are here likely to develop, resembling those of labor and abortion—obstinate and painful vomiting at intervals for twelve hours, gastric derangement, constipation, bilious disorder, headache, restlessness, insomnia, spasms, and not infrequently convulsions, cramping of the fingers and toes, temporary blindness, with dilatation and contraction of the pupils. If food is taken into the stomach it is soon rejected.

Diagnosis.—If the dysmenorrhœa depends upon malformation, it can be readily recognized by the proper use of the speculum and uterine sound.

If it had its origin in puerperal inflammation, specific vaginitis or foreign growth, the previous history and treatment will facilitate diagnosis. The only diseases likely to be confounded with dysmenorrhœa are threatened miscarriage and some cases of uterine polypi.

In cases of pregnancy the history of the case will generally show that the menses have been suppressed for a time, either wholly or in part.

Treatment.—In obstructive dysmenorrhœa the treatment is chiefly surgical, for removal of the exciting cause.

Internal remedies relieve and often cure other varieties of painful menstruation, but are of little or no permanent value in this form.

In stricture or atresia use forcible dilatation by sponge, elm or laminaria tents, or by passing small sound or probe every third or fourth day, gradually increasing size. The use of tents and dilators needs caution and close observation to guard against cervicitis, cellulitis, peritonitis, etc.

The following remedies are often indicated :

Acon., actea, bell., borax, caul., cham., coculus, gels. and puls.

College Notes.

WINANS, don't jump out the window.

A MEDICAL APHORISM.—“A *persistent* symptom in any disease, in any patient, *means something*.”
HELMUTH.

THE class of '86 welcomes a number of new men who intend to receive their “sheepskins” next spring with us.

DR. A. H. HART, who has been in the service at the Ward's Island Hospital, has recently returned to his home in Unionville, Conn.

STEVE is at the Hahnemannian Hospital, and says the fare agrees with him first rate, and no longings for the dissecting room enter his soul.

E. E. MARCY, M.D., one of the censors of the college, returned a short time since from a European trip which has occupied nearly all the summer months.

WE venture the opinion that the quizzes instituted by Prof. St. Clair Smith, “without money and without price,” will become a valuable part of the winter's course.

DR. GEO. W. FLAGG, '74, dropped in upon us the other day during a short visit to the city. The doctor is located in Keene, N. H., where he is doing a thriving business.

THE once familiar face of Dr. Lyon is occasionally seen, spectre-like, flitting in or out the lecture-rooms. He does not come to stay. The next time you come, bring some music to calm our troubled souls.

THE class of '81 held its annual re-union and banquet at the Hotel Hungaria, No. 4 Union Square, on Friday evening, October 16th. The usual enjoyable time was had, and the menu pronounced the best the class had yet discussed.

SEVERAL sections of the senior class have been present at important operations performed by Prof. Helmuth, at the Hahnemannian Hospital, assisted by Drs. Wilcox and Cornell, and House Surgeon Fulton, '85, during the past few weeks.

PROF. HOUGHTON is giving the members of the senior class an opportunity to become familiar with the minutiae of aural examination. A section of four men goes down to his clinic three days in the week. The practical knowledge so obtained should be of much value.

H. C. COON, M.D., '72, of Alfred Centre, N. Y., a member of the Alumni Association, shows his love for his *Alma Mater* in the substantial way of a gift of a large number of books and pamphlets to our college library. Others have also shown their interest in the subject. Let the good work continue.

WE were never more forcibly impressed with the undoubted truth of the trite old saying, “Where ignorance is bliss,” etc., than the other day during a clinic by one of our practical professors, when T—, of '87, displayed such a happy ignorance concerning the therapeutic action of sac. lac.

DR. LILIENTHAL, our former genial Professor of Mental and Nervous Diseases, who has been

taking a well-earned vacation abroad, returned a short time since. He left home the last of May, and spent most of the time in different parts of Germany and France. He attended a meeting of the Hom. Central Verein at Hamburg and of the Homœopathic Medical Society at Norwich, England.

THE following dialogue took place in an allopathic college :

Prof. of Surgery: "Mr. —, after you had opened an abscess, would you squeeze it?"

Student: "No, sir."

Prof.: "Well, why not? What would it produce?"

Student: "A hydercele, sir!"

WE call attention to the following, with not a little pride which all the friends of homœopathy will readily pardon. It is that during the summer, our worthy Dean, T. F. Allen, M.D., A.M.; received from Amherst College his *Alma Mater*, the title of LL.D. Comment is unnecessary. Every alumnus wherever he may be will feel a glow of personal satisfaction as he reads of this merited honor received by Dr. Allen.

THE professor wishing to show the self-limiting course of infantile hydrocele prescribes saccharum lactis for two weeks and orders the child to be brought back at the expiration of that time, when he thinks the case will be found much improved. The above mentioned student wishing for correct notes leans over to his seat-mate, and in an earnest tone, inquires, "In what *potency* did he give that medicine?"

THE Hahnemannian Institute of the Hahnemannian College of Philadelphia has arranged for a course of lectures on medical subjects to be given the coming winter. The lecturers are our Profs. Helmuth, Danforth, Beebe, Dillow and Dowling. To Mr. E. L. Oatley, President of the Institute, is due most of the credit of carrying to execution so worthy a project. The Institute corresponds very nearly to our own Hahnemannian Society. The first lecture was delivered Wednesday evening, November 4th, by Prof. Helmuth, before a large and appreciative

audience, his subject being "What I have Seen in Surgery."

PROFESSOR DOUGHTY while lecturing on the foetal circulation, took occasion to describe the cyanotic condition producing the so-called "blue baby," when there is immediate transmission of the venous blood into the left auricle in consequence of the nonclosure of the foramen ovale at birth; and afterwards submitted the following, for the consideration of the class, which was written by a lady practitioner, to her patient explaining the above phenomenon. "The Canalis Ovalis, or Arterial canal was not properly formed in this case, so that the Canalis Artery had no proper use. Its use after the foetus has life is to convey blood from the Vena Porta to the Vena Cava in the foetus." We are now in favor of the higher education of women—especially women physicians.

THE last lecture in Surgery for the week ending October 30th, was one especially to be remembered by the class of '85. It was marked by one memorable incident calculated to show the hearty good will that may exist between professors and students. A birthday of one most especially respected for his genial quizzes and practical lectures was near at hand. Another milestone had appeared in the onward, prosperous journey of Prof. Wm. Tod Helmuth. Another volume of his life's honest work was about to be opened, and as a slight expression of their regard, and in remembrance of the day, the Senior class presented him with an elegantly decorated jar of unique design, filled with growing plants, while each member of the class wore a button-hole bouquet in honor of the occasion. Prof. Helmuth admitted that he felt very much like a student "stuck" in a quiz, "didn't know what to say," but what he did say was very appropriate, and was received with rounds of applause.

NONE are so deaf as those who do not hear when they are asked to have a drink.—*New Orleans Picayune*.

IT was a brave man who declined to be vaccinated on the ground that he was not to be cowed by any living man.—*Boston Transcript*.